Signature

Under the Paperwork Reduction Act of 1995 of TRANSMITTAL FORM  (to be used for all correspondence after initial fill		Application Number  Filing Date  First Named Inventor  Art Unit	09/911 July 23	(Substitute) PTO/SB/21 (02-04) proved for use through 07/31/2008. OMB 0651-0031 emark Office; U.S. DEPARTMENT OF COMMERCE nation unless it displays a valid OMB control number. 1,047 3, 2001 1. ERIKSON			
Total Number of Pages in This Submission	Examiner Name Attorney Docket Number	_ <del> </del>	7/20060				
Fee Transmittal Form (in duplicate)  Fee Attached  Amendment/Repty  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts  under 37 CFR 1.52 or 1.53	re consideration of this submi	lo. 03-00 ission.	After Allowance communication to Technology Center (TC)  Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter Other Enclosure(s) (please Identify below):				
		OF APPLICANT, ATTOR Cohen & Pokotilow, Ltd.; C					
Caesar, Rivise, Bern David M. Tener, Reg	. No 3	7,054					
Date 8/25/04							
CERTIFICATE OF TRANSMISSION/MAILING							
sufficient postage as first class mail in an en	Facsim	ile No. (703) 872-9306	or depos Patents, F	ited with the United Stales Postal Service with P.O. Box 1450, Alexandria, VA 22313-1450 on			

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Date

8/25/04

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PTO/SB/17 (10-03)

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FEE IKANSIMII IAI	Application Number			09/911,0	09/911,047					
5 EV 2004		Filing Date		July 23, 2	July 23, 2001					
for FY 2004	Ī	First Named Inventor		or Glen H.	Glen H. ERIKSON					
Effective 10/01/2003. Palont fees are subject to annual revision.	-[	Examiner Name			Betty J.	Betty J. Forman				
✓ Applicant claims small entity status. See 37 CFR 1.27	Art Unit			1634	1634					
TOTAL AMOUNT OF PAYMENT (\$)-210.00		Attorney Docket No.			E1047/2	E1047/20060				
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)								
	3. ADDITIONAL FEES									
Check Credit card Monay Other None	Large Entity , Small Entity									
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SUBMITTED BY						(Complete (if a)	oplicable))			
Name (Print/Type) David M. Tener.		Registr	ation No	37.	054	Telaphone 21	5-567-2010			
	(Attorne	WARCOI)	1 ,			25/04	_			
Signature / 0 0 3				<u> </u>		_4: 1 4 4				

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